DATA FOR BETTER HEALTH:
DESIGNING SOLUTIONS FOR THE FUTURE

AHIMA® launched Data for Better Health® to increase awareness of how collecting, using, and sharing social determinants of health (SDOH) data can improve individual and community health and healthcare outcomes. Through this effort, AHIMA is providing tools, resources, and education to health information professionals, thought leaders, policymakers, and the public that supports a better understanding of SDOH data and how it can be used to improve peoples' lives.

As part of this effort, AHIMA hosted a number of design workshops in partnership with Do Tank, a human-centered change management firm focused on bringing together a variety of stakeholders to drive strategic action. These workshops provided healthcare leaders with an opportunity to share their efforts related to SDOH data as well as learn from other attendees. Workshop participants also identified challenges, opportunities, and solutions to accelerate this work in the future.

This white paper summarizes the feedback received, identified key challenges, and provides a path forward to build trust, increase collaboration, allow organizations to build the case for and prioritize this work, and lead to successful development of standardized processes and workflows related to SDOH data.

DESIGN SESSIONS
AHIMA partnered with Do Tank to produce two design workshop sessions.

FIRST DESIGN STRUCTURE

The first design structure focused on identifying existing operational considerations, including challenges and opportunities. The structure gave 120 health information (HI) professionals the opportunity to provide feedback on three questions:

- How do you interface with SDOH data?
- How might we improve it?
- What help do you need?

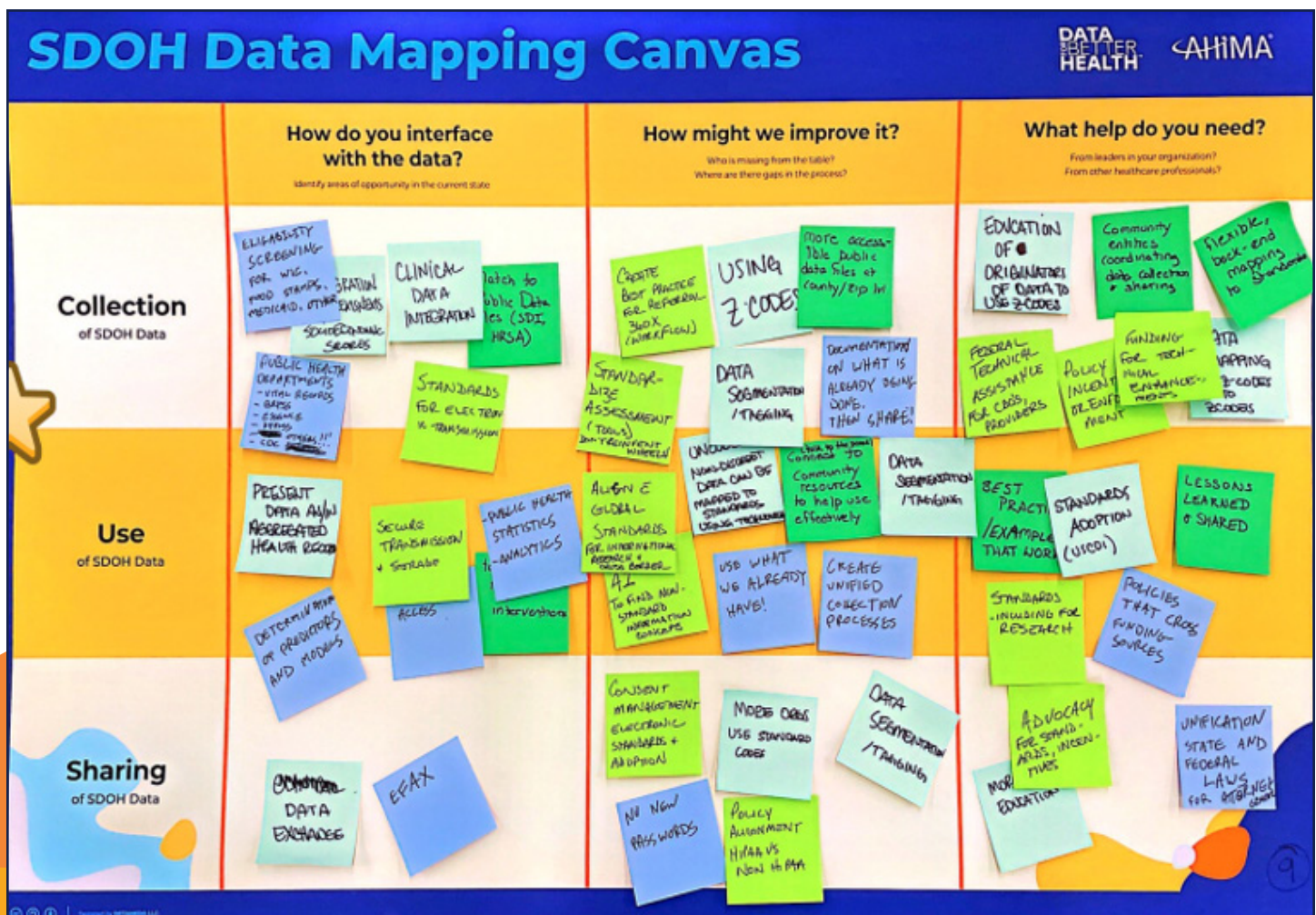AHIMA used this structure for the design workshop held at AHIMA23 Annual Conference in October 2023.

Figure 1: SDOH Data Mapping Canvas for First Design Session

SECOND DESIGN STRUCTURE

The second design structure focused on identifying solutions related to key challenges identified in the first session. The structure gave a broader audience of HI professionals, healthcare leaders, policymakers, and community stakeholders the opportunity to ideate on specific solutions.

Nearly 100 participants were asked to select a challenge related to collecting, using, and sharing SDOH data that was identified by attendees who participated in the first design structure. Once selected, participants identified a "big idea" to solve for the problem and began to evaluate the impact the solution would have, the return on investment it would provide, and challenges associated with implementing the "big idea."

AHIMA used this structure in the design workshops offered at AHIMA's Data for Better Health Leadership Summit in November 2023, the RISE Summit on Social Determinants of Health in April 2024, and at a workshop at the AHIMA24 Annual Conference in October 2024.
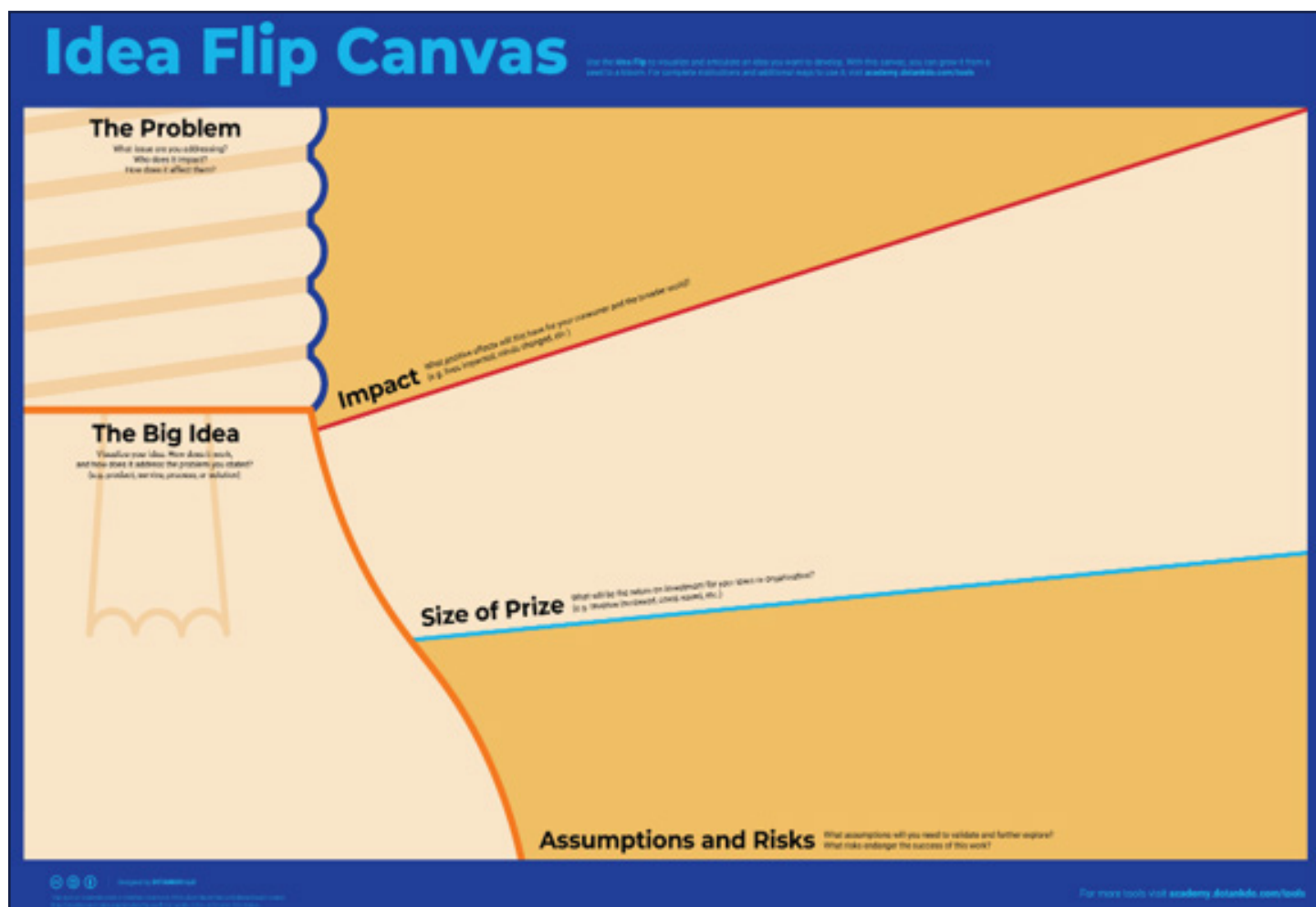

Figure 2: Idea Flip Canvas for Second Design Session

THE ROLE OF HI PROFESSIONALS

Patients do not often see HI professionals; however, these professionals ensure that sensitive health stories remain accurate, accessible, protected, and complete, at all times. Participants identified the roles HI professionals play as their organizations collect, use, and share SDOH data.

Here are some examples:

Collecting

- Design screening process (including screening questions, assessment or intake forms, and language to explain screening process to patients)
- Adapt screening portals and electronic health records (EHR) to include necessary fields to store SDOH data
- Ensure the safety and security of information collected

Using

- Extract SDOH data from patient portal or EHR
- Analyze SDOH data and create dashboards and reports to share SDOH data with care teams
- Develop mechanisms to share data internally (e.g., between EHR and coding and billing systems)

Sharing

- Code patient records using ICD-10-CM Z codes
- When appropriate, submit claims for services associated with SDOH data
- Prepare data to be shared with government, funding sources, health information exchanges, and community-based organizations

CHALLENGES IDENTIFIED

Leveraging the first design structure, participants identified challenges they face as they collect, use, and share SDOH data across their organizations. These were captured in five themes.

Patient trust

1 Building trust between patients and care teams is necessary. When patients trust their care team, they are more likely to share information about their lives and circumstances. However, it can be challenging to develop pathways to promote trust including ensuring adequate education and training of both clinical and non-clinical staff as to how such questions should be asked, policies and procedures to ensure maintenance of patient privacy and confidentiality, and efforts to protect against biases and/or stigma.

Collaboration

2 To effectively do this work organizations must bring together the right people internally and externally. This can include health care leadership, clinicians, HI professionals, population and community health leaders, social workers, and more. Identifying the right partners and building the right relationships can be a challenge.

Business case

3 Identifying business goals, including reduced readmissions and improved health outcomes are critical to this work. Participants shared common challenges such as gathering the right data, creating opportunities to educate, and ensuring that internal stakeholders understand how this work impacts patients.

Prioritization

4 To be successful, leaders within organizations must decide and communicate that this work is a priority. However, that is not happening consistently across the field, leading to a lack of strategy, dialogue among teams, and misallocation and/or under-allocation of resources.

Standardization

5 Currently, there is no one way to do this work within organizations or across the healthcare industry. Participants shared challenges related to developing standard screening processes to collect SDOH data across sites of care, workflows, and dashboards to use SDOH data internally, and policies to transfer SDOH data securely.

SOLUTIONS FOR THE FUTURE

Leveraging the first design structure, participants identified challenges they face as they collect, use, and share SDOH data across their organizations. These were captured in five themes.

Challenge	Solutions
Patient trust	• Develop a script for care teams to use with patients that explains why SDOH data is collected and how it will be used. • Create a patient resource hub or guide to steer patients to available resources and explain how/when resources are available. • Seek input from patients and clinicians as SDOH data processes and procedures are developed, implemented, and improved. • Develop a data governance strategy that improves integrity, interoperability, and security of SDOH data. • Understand it takes time to build trust and that patients may not wish to provide this type of information.
Collaboration	• Determine which partners make sense, including schools, public health, and community-based organizations. • Assess work being done by community and social service organizations to avoid duplication and ensure partner organizations are able to receive patient referrals. • Increase communication and share resources/ideas across partner organizations. • Evaluate whether community and social service organizations need additional support. • Work together to develop joint goals both internally and externally and combine efforts to help others understand how this work impacts patients.
Business case	• Generate data that shows potential cost savings from improved outcomes and efficiencies. • Provide education related to SDOH data and its impact on health outcomes. • Create case studies that show the impact of this work. • Acknowledge this work requires significant learning and change management.

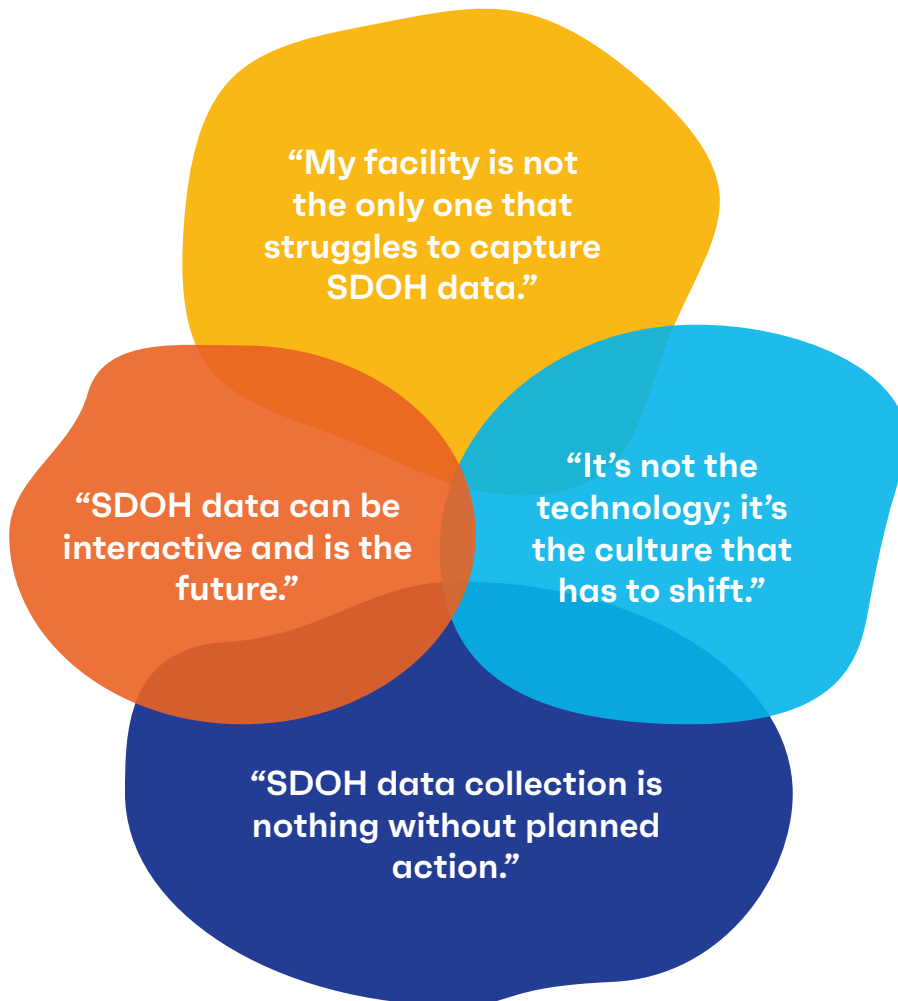| Challenge	Solutions
Prioritization	• Leaders recognize this work as a priority and/or consistent with the organization's mission and values (e.g., include it in strategic plan along with related key performance indicators (KPIs), develop an internal hub or cross-department group to lead the work, or create a community facing center dedicated to this work). • Leaders provide guidance and strategy at the organizational level, facilitate dialogue among teams, and embrace a culture that supports learning. • Leaders at all levels dedicate resources (e.g., funding, time, and people) to these efforts.
Standardization	• Develop a standard screening tool, set of documentation requirements, workflows, and referral processes that are appropriate to the care setting. • Allow for flexibility in design to account for resources and teams available at each site of care. • Seek input from care teams and other health professionals that interact with SDOH data as standard processes are developed, implemented, monitored, and improved. • Train clinical care teams to use organization-wide tools and resources and to document SDOH data in consistent formats.

CHECKLIST

Organizations should consider the following checklist as they continue their work to collect, use, and share SDOH data:

- [ ] Prioritize key factors that may be causing distrust or mistrust among patients, providers, community-based organizations, and others needed to do this work. Outline how we can overcome those barriers.

- [ ] Cultivate relationships with the key stakeholders, both internally and externally, who can offer guidance as you develop, implement, and improve the processes to collect, use, and share SDOH data.

- [ ] Identify the right individuals and champions internal to your organization to engage and bring them together to improve the collection, sharing, and use of SDOH data.

- [ ] Prioritize opportunities to improve communication and sharing of information internally and externally.

- [ ] Explore opportunities to increase access to resources for patients and families.

- [ ] Examine how your organization can build the strategic, regulatory, and financial case to do this work. What data – quantitative and qualitative – will help you tell the story?

- [ ] Develop process and outcome metrics to demonstrate success.

- [ ] Develop steps leadership can take to prioritize this work.

- [ ] Examine whether your organization must shift its organizational culture to support this work.

- [ ] Identify the internal leaders and champions that must be included as standard tools, requirements, and workflows are developed, implemented, and improved.

- [ ] Examine how technology can be leveraged to support screening or referrals to needed resources.

- [ ] Think about what change management considerations need to be taken into account to move this work forward.

CONCLUSION

Participants and the AHIMA team came away from these design workshops with a fresh perspective on what it will take to use SDOH data to improve health outcomes. Participants provided their "A-HA moments" or biggest takeaways at each event.

Here are some participant takeaways, in their own words:

"My facility is not the only one that struggles to capture SDOH data."

"SDOH data can be interactive and is the future."

"It's not the technology; it's the culture that has to shift."

"SDOH data collection is nothing without planned action."

AHIMA

AHIMA is a global nonprofit association of health information professionals. The AHIMA mission of empowering people to impact health® drives its members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and providers. Leaders within AHIMA work at the intersection of healthcare, technology, and business, occupying data integrity and information privacy job functions worldwide.

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